



**\*\*\*Keep in mind that you do not need to mail this printout to your local agency.\*\*\***

**“Thank you for using Gateway to apply for benefits!”**

**DENA HULSEY your application has been submitted to Online Services on August 30, 2022 at 03:56 PM.**

If you submit your application after regular business hours or on a weekend or holiday, your filing date is the next business day August 31, 2022.

We will review your application and contact you if we need additional information.

If you need to make changes to your TANF, Food Stamps, or Medical Assistance application, please contact on-line services at 1-877-423-4746.

**In your application, you have asked for these benefits:**

- Food Stamps (SNAP) – T28435127

Be sure to write the number(s) down or print this page for your records.

As a next step, your worker may ask for proof of some of the things you told us in your application. This checklist will help you gather these items. If you can not find something, your worker may be able to help you get the proof you need.

Keep in mind that this list is based only on what you told us today. There may be other items that your worker will ask you to provide.

**Proof of Identity**

Proof of who you are, like a driver's license, ID card.

**Proof of Residence**

Current Georgia issued Driver License/ID Card, current lease, current mortgage statement, statement from landlord or person with whom you reside, utility bill (gas, electric, telephone)

**Social Security Number**

Social Security Numbers for everyone you want to receive benefits. Immigrants may potentially be eligible for benefits without a social security number. Social Security Number is not required for WIC.

**Proof of Citizenship or Immigration Status (Only for those seeking benefits)**

Proof of citizenship such as a birth certificate, U.S. passport, hospital record. Proof of immigration status such as resident immigration card, passport, visa, I-94, I-181, or other Department of Homeland Security (DHS) documentation. Additional examples of Proof of Citizenship for Medical applicants can be found in Form 218. Proof of Citizenship/Immigration Status is not required for WIC.



## Application Summary

Here is a summary of what you told us as well as important information about your rights and responsibilities.

	First Name	Middle Initial	Last Name	Relationship to Applicant	Applying for Benefits
Person1	DENA	I	HULSEY	Self	Food Stamps (SNAP)

	Date of Birth	Social Security Number	Gender	US Citizenship (Y/N)	Pregnant (Y/N)
Person1	03/08/1966	258-39-8160	Female	Y	N

	Lives in the Home (Y/N)	Income (Y/N)	Tax Dependent (Y/N)	Disabled/Blind (Y/N)	Expenses (Y/N)
Person1	N	Y	N	N	Y

Application Information-	T28435127
Submission Date and Time	2022-08-30 15:56:24.0

Program Information	
Programs	Food Stamps (SNAP)

Change Record	
Basic Information	
Applicant Details	
First Name	DENA
Middle Initial	I
Last Name	HULSEY
Suffix	--
Gender	Female
Date of Birth	03/08/1966
Primary Language	English
Do you live in Georgia?	Yes
County	Polk
Marital Status	Married but Living Apart
Driver's License/State ID Number	021238987
Issuing State	GA
Expiration Date	03/08/2014
Homeless	
What is your living arrangement?	Homeless
If not living at home, what date did current living arrangement start?	
State lived in before moving in to current living arrangement	
Mailing Address	
Street Number and Name, P.O. Box Number	PO Box 506
Apartment, Suite, Unit, Building, Floor, etc.	
City	Aragon
State	Georgia
Zip Code	30104-0506
Previous Address	
Has the household lived at any other address in the past year?	No
Contact Information	
Primary Phone	(470) 842-4833
Work Phone	
Extension	
Alternative Phone	
Email Address	
What is the best way of getting in touch with you during the weekday?	Primary Phone
What is the best time to call you during the weekday?	Lunch Hour (12PM-1PM)

When did this information change?	07/21/2022
-----------------------------------	------------

People In Your Home- DENA HULSEY	
Personal Information	
First Name	DENA
Middle Initial	I
Last Name	HULSEY
Suffix	--
Gender	Female
Date of Birth	03/08/1966
What is the primary language of household?	English
Other Language	
If an interview is needed do you need an interpreter?	
What is this person's Marital Status?	Married but Living Apart
What is this person's Living Arrangement?	Homeless
If person is living out of home, what is the reason?	
Does this person intend to file taxes?	No
Is this person claimed as a dependent by someone living outside of the home?	No
Does this person have a disability that will require a Reasonable Modification or Communication Assistance?	No
Reasonable Modification Type	
If Other, brief explanation of Reasonable Modification Type	
Does this person need this Reasonable Modification or Communication Assistance one-time or ongoing?	
Brief explanation of when and how long this person needs this Reasonable Modification or Communication Assistance	
Program Selection	
Programs	Food Stamps (SNAP)
Alternative Name Information	
Is this person known by any other name?	
First Name	
Middle Initial	I
Last Name	
Suffix	
Social Security Number (SSN) Information	
Social Security Number	258-39-8160
If this person doesn't have a Social Security number (SSN), but has applied for one, when did he or she apply?	
Ethnicity	
Ethnicity	Not Hispanic or Latino
Race	
Race	White
If this person is American Indian/Alaskan Native, are they a member of Federally recognized tribe	

If yes, tribe name	
<b>Personal Information Continued</b>	
Does this person live in Georgia?	Yes
Is this person Blind or disabled?	
Is this person United States Citizen?	Yes
<b>Military Information</b>	
Are you a veteran or active duty member?	No
Is your spouse a veteran or active duty member?	No
If you are applying on behalf of a child, is the parent of the child in the home a veteran or an active duty member?	
When did this information change?	

<b>Other Benefits</b>	
Anyone who used to get Supplemental Security Income (SSI), but is no longer getting the benefit.	
Anyone currently receiving Community Care Services (CCSP) from the division of Aging	
Anyone for whom you wish to apply for Katie Beckett Medicaid.	
Anyone who has received health services from the Indian Health Services, a tribal health program, an urban Indian Health program, or through a referral from one of these programs.	
Anyone who is eligible to receive health services from the Indian Health Services, a tribal health program, an urban Indian Health program, or through a referral from one of these programs.	
Anyone who received Emergency Medical care in the last 3 months.	

<b>Current Job Details - DENA HULSEY</b>	
<b>Employer Details</b>	
Employer Name	JKK PROTECTION SERVICES, INC.
Employer Identification Number (EIN)	581917761
Address Line1	641 WOODGATE ROAD
Address Line2	P.O. BOX 742
City	RINGGOLD
State	Georgia
Zip Code	30736
Employer's Phone Number	
Currently on strike	
Has job ended	No
When did this job start	12/15/2021
Date of First Pay	01/14/2022
<b>End of Job Details</b>	

When did this job end	
Date of final paycheck	
Gross amount of final paycheck	
<b>Payment Information</b>	
How often does this person get paid?	Weekly
Gross amount paid each pay period	
Hours worked each pay period	
Hourly pay rate	
<b>Additional Information</b>	
Additional comments about your job	
When did this information change?	

<b>School Enrollment Details - DENA HULSEY</b>	
School enrollment status	Not in school
Type of school attended	High School
Education Level Completed	
Is this a federal or state funded work-study program	
Name of school	
Address Line1	
Address Line2	
City	
State	
Zip Code	
Anticipated graduation date	
When did this information change?	

<b>Account Level Contact Information</b>	
Account Level Email Address	denahulsey03@gmail.com
Account Level Mobile Phone Number	(470) 842-4833

<b>Signing Your Application Details</b>	
Would you like to apply to register to vote where you live now?	Don't want to answer
Renewal of Coverage in Future Years	
Electronically Signed	Yes
Signed By	Dena Hulsey

HIPAA Notice of Privacy Practices  
Georgia Department of Human Services

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW THIS NOTICE CAREFULLY.

If you have any questions about this notice, please contact:

Georgia Department of Human Services

HIPAA Privacy Officer  
HIPAADHS@dhs.ga.gov  
(404) 657-9761 phone  
(404) 657-1123 fax

The Department of Human Services (DHS) is an agency of the Executive Branch of Georgia government charged with the administration of numerous federal programs responsible for the storage, use and maintenance of medical and other confidential information. Federal and state laws establish strict requirements for these programs regarding the use and disclosure of confidential and protected information. DHS is required to comply with those laws as noted throughout this Notice.

OBLIGATIONS OF THE DEPARTMENT OF HUMAN SERVICES:

DHS is required by law to:

- Maintain the privacy of protected health information;
- Give you this notice of our legal duties and privacy practices regarding health information about you; and
- Follow the terms of our notice currently in effect.

HOW DHS MAY USE AND DISCLOSE HEALTH INFORMATION:

The following describes the ways DHS may use and disclose health information that identifies you ("Health Information"). Except for the purposes described below, DHS will use and disclose Health Information only with your written permission. You may revoke such permission at any time by writing to the HIPAA Privacy Officer at the contact information above.

**For Treatment.** DHS may use and disclose Health Information for your treatment and to provide you with treatment-related health care services. For example, DHS may disclose Health Information to doctors, nurses, technicians, or other personnel who are involved in your medical care and need the information to provide you with medical care.

**For Payment.** DHS may use and disclose Health Information so that DHS or others may bill and receive payment related to your care, an insurance company, or a third party for the treatment and services you received. For example, DHS may provide your health plan information so that treatment may be paid for.

For Health Care Operations. DHS may use and disclose Health Information for health care operations purposes. These uses and disclosures are necessary to make sure that quality care is received and to operate, manage, and administer the functions of the agency. For example, DHS may use and disclose information to make sure the medical care you receive is of the highest quality. DHS also may share information with other entities that have a relationship with you (for example, your health plan) for their health care operation activities.

Appointment Reminders, Treatment Alternatives and Health Related Benefits and Services. DHS may use and disclose Health Information to contact you to remind you of an appointment with a physician. DHS also may use and disclose Health Information to tell you about treatment alternatives or health-related benefits and services that may be of interest to you.

Individuals Involved in Your Care or Payment for Your Care. When appropriate, DHS may share Health Information with a person who is involved in your medical care or payment for your care, such as your family or a close friend. DHS also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort.

Research. Under certain circumstances, DHS may use and disclose Health Information for research. For example, a research project may involve comparing the health of patients who received one treatment to those who received another, for the same condition. Before DHS uses or discloses Health Information for research, the project will go through a special approval process. Even without special approval, DHS may permit researchers to look at records to help them identify patients who may be included in their research project or for other similar purposes, as long as they do not remove or take a copy of any Health Information.

#### SPECIAL SITUATIONS:

As Required by Law. DHS will disclose Health Information when required to do so by international, federal, state or local law.

To Avert a Serious Threat to Health or Safety. DHS may use and disclose Health Information when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Disclosures, however, will be made only to someone who may be able to help prevent the threat.

Business Associates. DHS may disclose Health Information to our business associates that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. For example, DHS may utilize the services of a separate entity to perform billing services. All DHS business associates are obligated to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.

Organ and Tissue Donation. If you are an organ donor, DHS may use or release Health Information to organizations that handle organ procurement or other entities engaged in procurement, banking or transportation of organs, eyes or tissues to facilitate organ, eye or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, DHS may release Health Information as required by military command authorities. DHS also may release Health Information to the appropriate foreign military authority if you are a member of a foreign military. Draft Copy. Not

Workers Compensation. DHS may release Health Information for workers compensation or similar programs. These programs provide benefits for work-related injuries or illness.



**Public Health Risks.** DHS may disclose Health Information for public health activities. These activities generally include disclosures to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify people of recalls of products they may be using; a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and the appropriate government authority if it is believed a patient has been the victim of abuse, neglect or domestic violence. DHS will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities.** DHS may disclose Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Data Breach Notification Purposes.** DHS may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

**Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, DHS may disclose Health Information in response to a court or administrative order. DHS also may disclose Health Information in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement.** DHS may release Health Information if asked by a law enforcement official if the information is: (1) in response to a court order, subpoena, warrant, summons or similar process; (2) limited information to identify or locate a suspect, fugitive, material witness, or missing person; (3) about the victim of a crime even if, under certain very limited circumstances, we are unable to obtain the person's agreement; (4) about a death we believe may be the result of criminal conduct; (5) about criminal conduct on our premises; and (6) in an emergency to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.

**Coroners, Medical Examiners and Funeral Directors.** DHS may release Health Information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. DHS also may release Health Information to funeral directors as necessary for their duties.

**National Security and Intelligence Activities.** DHS may release Health Information to authorized federal officials for intelligence, counter-intelligence, and other national security activities authorized by law.

**Protective Services for the President and Others.** DHS may disclose Health Information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or to conduct special investigations.

**Inmates or Individuals in Custody.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, DHS may release Health Information to the correctional institution or law enforcement official. This release would be if necessary: (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) the safety and security of the correctional institution.

## USES AND DISCLOSURES THAT REQUIRE DHS TO PROVIDE YOU AN OPPORTUNITY TO OBJECT AND OPT

Individuals Involved in Your Care or Payment for Your Care. Unless you object, DHS may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, DHS may disclose such information as necessary if it is determined that it is in your best interest based on the professional judgment of DHS.

Disaster Relief. DHS may disclose your Protected Health Information to disaster relief organizations that seek your Protected Health Information to coordinate your care, or notify family and friends of your location or condition in a disaster. DHS will provide you with an opportunity to agree or object to such a disclosure whenever it is practical to do so.

## YOUR WRITTEN AUTHORIZATION IS REQUIRED FOR OTHER USES AND DISCLOSURES

The following uses and disclosures of your Protected Health Information will be made only with your written authorization:

1. Uses and disclosures of Protected Health Information for marketing purposes; and
2. Disclosures that constitute a sale of your Protected Health Information

Other uses and disclosures of Protected Health Information not covered by this Notice or the laws that apply to DHS will be made only with your written authorization. If you do provide DHS an authorization, you may revoke it at any time by submitting a written revocation to the above-referenced Privacy Officer. Upon receipt, DHS will no longer disclose Protected Health Information under the authorization. However, disclosures made in reliance upon your authorization before you revoked it will not be affected by the revocation.

## YOUR RIGHTS:

You have the following rights regarding Health Information DHS has about you:

Right to Inspect and Copy. You have a right to inspect and copy Health Information that may be used to make decisions about your care or payment for your care. This includes medical and billing records, other than psychotherapy notes. To inspect and copy this Health Information, you must make your request, in writing, to the above referenced HIPAA Privacy Officer. DHS has up to 30 days to make your Protected Health Information available to you and DHS may charge you a reasonable fee for the costs of copying, mailing or other supplies associated with your request. DHS may not charge you a fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based benefit program. DHS may deny your request in certain limited circumstances. If DHS does deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and DHS will comply with the outcome of the review.

**Right to an Electronic Copy of Electronic Medical Records.** If your Protected Health Information is maintained in an electronic format (known as an electronic medical record or an electronic health record), you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. DHS will make every effort to provide access to your Protected Health Information in the form or format you request, if it is readily producible in such form or format. If the Protected Health Information is not readily producible in the form or format you request, your record will be provided in either our standard electronic format. If you do not want this form or format, a readable hard copy form will be provided. DHS may charge you a reasonable, cost-based fee for the labor associated with transmitting the electronic medical record.

**Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health Information.

**Right to Amend.** If you feel that Health Information DHS has is incorrect or incomplete, you may request DHS to amend the information. You have the right to request an amendment for as long as the information is kept by or for our office. To request an amendment, you must make your request, in writing, to the above-referenced HIPAA Privacy Officer.

**Right to an Accounting of Disclosures.** You have the right to request a list of certain disclosures DHS made of Health Information for purposes other than treatment, payment and health care operations or for which you provided written authorization. To request an accounting of disclosures, you must make your request, in writing, to the above-referenced HIPAA Privacy Officer.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the Health Information DHS uses or disclosed for treatment, payment, or health care operations. You also have the right to request a limit on the Health Information DHS discloses to someone involved in your care or the payment for your care, like a family member or friend. For example, you could ask that DHS not share information about a particular diagnosis or treatment with your spouse. To request a restriction, you must make your request, in writing, to the above-referenced HIPAA Privacy Officer. DHS is not required to agree to your request unless you are requesting DHS restrict the use and disclosure of your Protected Health Information to a health plan for payment or health care operation purposes and such information you wish to restrict pertains solely to a health care item or service for which you have paid 'out-of-pocket' in full. If DHS agrees, we will comply with your request unless the information is needed to provide you with emergency treatment.

**Right to Request Confidential Communications.** You have the right to request that DHS communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that DHS only contact you by mail or at work. To request confidential communications, you must make your request, in writing, to the above-referenced HIPAA Privacy Officer. Your request must specify how or where you wish to be contacted. DHS will accommodate reasonable requests.

**Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may request a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact the above-referenced HIPAA Privacy Officer.

#### CHANGES TO THIS NOTICE:

DHS reserves the right to change this notice and make the new notice apply to Health Information already obtained as well as any information received in the future. DHS will post a copy of the current notice at our office. The notice will contain the effective date on the first page, in the top right-hand corner.

#### COMPLAINTS:

If you believe your privacy rights have been violated, you may file a complaint, in writing, by contacting the above-referenced HIPAA Privacy Officer. You will not be penalized for filing a complaint.

You may also file with the Secretary of the Department of Health and Human Services. For more information on HIPAA privacy requirements, HIPAA electronic transactions and code sets regulations and the proposed HIPAA security rules, please visit ACOG's web site, <http://www.acog.org> or call (202) 863-2584.

#### NON-DISCRIMINATION:

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027), found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: [http://www.fns.usda.gov/snap/contact\\_info/hotlines.htm](http://www.fns.usda.gov/snap/contact_info/hotlines.htm).

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (800) 368-1019 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

Under the Department of Human Services (DHS), you may also file other discrimination complaints by contacting your local DFCS office, or the DFCS Civil Rights, ADA/Section 504 Coordinator at 2 Peachtree Street N.W., Ste 19-454, Atlanta, GA, 30303, 404-657-3735. For complaints alleging discrimination based on limited English proficiency, contact the DHS Limited English Proficiency and Sensory Impairment Program at: Two Peachtree Street, N.W., Suite 29-103 N.W., Atlanta, GA 30303 or call 404-657-5244 (voice), 404-463-7591 (TTY), 404-651-6815 (fax).

**Under the Department of Community Health (DCH) policy**, the Medical Assistance programs cannot deny you eligibility or benefits based on your race, age, sex, disability, national origin, or religious beliefs.

To report Medicaid eligibility or provider discrimination, call the Georgia Department of Community Health's Office of Program Integrity (local 404-463-7590) or (toll free) 800-533-0686. You may also report suspected Medicaid fraud by calling (toll free) 1-800-533-0686.

#### Electronic Signature

I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

I have read, understand, and acknowledge receipt of the DHS HIPAA Notice of Privacy Practices

Electronically Signed	Yes
Signed By	Dena D Hulsey

### **In all programs, you have the right to:**

- Request assistance filling out this form and free language assistance services (interpreters, translated materials, or direct in-language services) if you have trouble reading, writing, speaking or understanding the English language.
- Request auxiliary aids and services and reasonable modifications if you or someone in your household has a disability.
- Decide if you want to provide information about your race and ethnicity. We collect data on race, color, and national origin solely for the purpose of determining the State's compliance with Federal civil rights laws, and your response will not affect consideration of your application, and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner. Your household is not required to give us this information and it will not affect your eligibility or benefit level.
- Request a fair hearing in writing or in person. You have the right to be represented by a household member, legal counsel, a relative, a friend or other spokesperson. If you are not satisfied with the action we have taken on your case, you can request a hearing by contacting the county office where you applied for benefits or by calling 1-877- 423-4746.
- Review some of the material and information in your case file. However, you may not be able to see all of the information in the case file, such as names of people who have given us information about you or your household members or information about any criminal prosecutions involving you or any of your household members.

### **In all programs, you are responsible for:**

- Giving your worker correct information and providing proof of statements needed to receive benefits. When you sign this form, you are giving your worker permission to get information from your employer, bank, neighbor or others so we can make sure you are receiving the correct amount of benefits.
- Telling the truth at all times. If you or someone who is applying for you provides incorrect information, you may be committing a crime, and you may go to jail.
- Providing proof that you or anyone in your household applying for benefits is a U.S. citizen or eligible immigrant. Note: Your worker will give you a list of the ways you can prove your citizenship or immigration status. WIC does not require citizenship or immigration status to determine your eligibility for the program. For Child Care, you are responsible for providing proof that any child applying for benefits is a U.S. citizen or qualified alien.
- Reporting certain changes in your household situation. Each program has different reporting requirements. See the responsibilities section for each program for things you need to report.

### **Food Stamps (SNAP) Rights and Responsibilities**

#### **Please read the following information carefully.**

#### **YOU HAVE THE RIGHT TO**

- Receive an application on the day you ask for it.
- Have your application accepted when you file it.
- Have an adult apply for your household if you are unable to.
- A telephone interview.
- Receive fair treatment without regard to age, sex, race, color, handicap, religious creed, national origin, or political beliefs.
- Have a fair hearing if you disagree with any action on your case.
- Examine your case file and the rules of the program.
- Be notified in advance if your benefits are reduced or stopped due to a change that is not reported in writing.

## **YOUR RESPONSIBILITIES:**

- You must answer all questions completely.
- You must sign your name to certify, under penalty of perjury, that all answers are true.
- You must provide proof that you are eligible.
- You must report when your total gross monthly income goes over the income limit for your household size. You must report this change no later than the 10th day from the end of the month in which the change occurred. If you are a single working adult with no children, you must also report When your work hours fall below 20 hours a week or 80 hours per month.
- You must report when your household receives substantial lottery and gambling winnings. This is a cash prize won in a single game. If you or a household member receives lottery or gambling winnings, gross amount of \$3500 or more (before taxes or other amounts are withheld), you must report these winnings within 10 days of the end of the month in which the household received the winnings.
- Do not give false information or hide information to get benefits that your household should not get.
- Do not sell, trade, or give away your food stamp benefits.
- Use food stamp benefits to buy only eligible items.
- Food Stamps (SNAP) households CAN NOT use their benefits to purchase non-food items such as beer, Wine, liquor, cigarettes, tobacco, pet foods, soaps, paper products and household supplies. Food Stamps (SNAP) households also ARE NOT allowed to purchase food on credit with their benefits.

## **PENALTIES:**

- Any household member who breaks any of the food stamps (SNAP) rules on purpose can be barred from the Food Stamp Program for one year to permanently, fined up to \$250,000, imprisoned up to 20 years or both. She/he may also be subject to prosecution under other applicable Federal and State laws. She/he may also be barred from the Food Stamp Program for an additional 18 months if court ordered.
- Any household member who intentionally breaks the rules may not get Food Stamps (SNAP) for one year for the first offense, two years for the second offense, and permanently for the third offense.
- If a court of law finds you or any household member guilty of using or receiving Food Stamps (SNAP) benefits in a transaction involving the sale of a controlled substance, you or that household member will not be eligible for benefits for two years for the first offense, and permanently for the second offense.
- If a court of law finds you or any household member guilty of having used or received benefits in a transaction involving the sale of firearms, ammunition, or explosives, you or that household member will be permanently ineligible to participate in the Food Stamps (SNAP) Program upon the first offense of this violation.
- If a court of law finds you or any household member guilty of having trafficked benefits for an aggregate amount of \$500 or more, you or that household member will be permanently ineligible to participate in the Food Stamps (SNAP) Program upon the first offense of this violation.
- If you or any household member is found to have given a fraudulent statement or representation with respect to identity (who they are) or place of residence (where they live) in order to receive multiple Food Stamp benefits, you or that household member will be ineligible to participate in the Food Stamps (SNAP) Program for a period of 10 years.
- For more information about Community Outreach Services, please visit our website at:  
<http://www.dfcs.dhs.georgia.gov> or call 1-877-423-4746



Individuals who are applying for public assistance must provide or apply for an SSN, and/or verify their citizenship or immigration status. Some immigrants are eligible and some are not, depending on their legal status. If you or anyone in your household does not have an SSN, we can help you apply for one. Applying for an SSN will not delay a decision on your application for benefits. An individual, who is not applying for public assistance and who does not provide an SSN, citizenship or immigrant status may be designated as a non-applicant.

A non-applicant is not required to provide an SSN, citizenship, or immigrant status but is required to provide other information that may affect the eligibility of other applicant household members such as income or resources. A non-applicant is not eligible to receive benefits. Only the people who give information to us about their SSN, citizenship, or immigration status will be eligible to receive benefits. We will use this information to check the Income and Eligibility Verification System (IEVS). We will also match your information with other Federal, state, and local agencies to verify your income and eligibility. This information may also be given to law enforcement officials to use to catch people who are running from the law. If your household has a Food Stamp claim, the information on this application, including SSNs, may be given to Federal and State agencies and private claims collection agencies for them to use in collecting the claim. We will not share your information with the United States Citizenship and Immigration Services (USCIS); however, if immigration status information has been submitted on your application, this information may be subject to verification through USCIS and may affect your household's eligibility and benefit level. We will not deny benefits to applicant household members because other household members fail to provide their SSN, citizenship, or immigration status. Applying for or receiving Food Stamp benefits does not make a non-citizen a public charge. Receiving or accepting Supplemental Security Income (SSI), TANF cash assistance, Institutionalized Long Term Care Medicaid, or state General Assistance could make a non-citizen a public charge if all eligibility criteria are met. However, receiving these benefits does not automatically make an individual inadmissible or ineligible to adjust his/her status to lawful permanent resident on a public charge basis. A "public charge" means you are a person who is likely to become "primarily dependent" on the government to maintain your way of life, as demonstrated by either the receipt of public cash assistance for income maintenance or by institutionalization for long-term care at the government's expense." If you are considered to be a public charge, you will not be deported, or denied permanent status because you have applied for or receive public assistance. Emergency Medicaid, including labor and delivery, is available for pregnant non-qualified and undocumented immigrants.

- decide if you want to provide information about your race and ethnicity. We collect data on race color, and national origin to ensure we are in compliance with Federal civil rights laws. By providing this information, you will assist us in administering our programs in a non- discriminatory manner. Your household is not required to give us this information and it will not affect your eligibility or benefit level.

## Benefits of Child Support Services

The Division of Child Support Services (DCSS) may be able to provide the following benefits:

- finding the absent parent
- legally establishing your child's paternity
- receipt of child support payments that may give you more money than if you receive TANF
- acquisition of private health insurance through the absent parent, and
- acquisition of rights of future Social Security, veterans or other government benefits

## Cooperation with DFCS and DCSS

The law requires you to help the Division of Family and Children Services (DFCS) and the Division of Child Support Services (DCSS) get any support owed to you and the children for whom TANF is requested, unless you have good cause for not helping.



In helping DFCS or DCSS, you must do one or more of the following:

- Name the absent parent of any child for whom you are requesting TANF and/or Medicaid.
- Provide information to help find the absent parent.
- Help determine who the legal father is if your child was born out of wedlock.
- Agree to have a DNA test if the person you name as the father denies paternity.
- Help the state get money owed to you and/or the child who receives TANF.
- Provide information about medical insurance the absent parent has on your child.

You must come to the DFCS office, DCSS or court to sign papers or provide needed information.

#### Good Cause

You may have good cause for not wanting to help DCSS collect child support or medical coverage for your child. You may not have to help if you believe helping is not in your child's best interest, and if you can prove it. If you want to claim good cause, you must tell your worker. You can do this at any time.

#### If You Do Not Help and Do Not Have Good Cause

- You will not be eligible to receive TANF for yourself and your child.
- You will not be eligible for Medicaid but your child may still be eligible. Good Cause Reasons

You may claim good cause for any of the following reasons:

- Your help may cause serious physical or emotional harm to your child or to you.
- The child was born as a result of rape or incest.
- Court proceedings are underway for adoption of the child.
- An agency is helping you to decide whether to place the child for adoption.

#### To Prove Good Cause, You Must

- give DFCS information it needs to decide if you have good cause for not helping. If you fear physical harm and cannot get proof, DFCS may still be able to make a good cause determination.
- give proof to DFCS within 20 days of claiming good cause. DFCS will give you more time only if you have trouble getting proof.

DFCS may excuse you from helping based on the information you provide. Or, DFCS may ask you to provide more information. DFCS will not contact the absent parent without telling you.

NOTE: If you are applying for TANF, you will not be approved until you give DFCS proof of your claim of good cause or the information DFCS needs to investigate your claim.

#### Examples of Proof Of Good Cause

- birth certificate, medical or law enforcement records showing that the child was born as a result of rape or incest
- court or other legal documents showing that adoption proceedings have begun
- court, medical, criminal, child protective services, psychological or law enforcement records showing that the absent parent may hurt you or the child
- medical records or written statements from a mental health professional showing the history and current status of your and/or the child's emotional health
- a written statement from a public or private agency showing you are being helped to decide whether to give your child up for adoption
- sworn statements from friends, neighbors, clergy, social workers, or medical professionals who know why you have good cause

If you need help in getting any of the documents, ask your worker.

## Child Support Rules

If you receive TANF, you give the state of Georgia, by law, any rights you have to receive child support. Once the court order is established, the absent parent will be required to pay child support through DCSS. After the court order is established, you will be required to report any money you receive directly from the absent parent. You must also help establish paternity for your child and cooperate and do not have good cause, you may not be eligible for TANF.

If you receive TANF and the absent pays child support through the Division of Child Support Services (DCSS), you probably will NOT receive the full amount of the child support payment. Instead you may receive a ""gap"" payment. All child support paid by an absent parent, which is in excess of the ""gap"" amount, is retained by DCSS and is used to pay back the TANF funds that you have received. Your TANF case manager can explain gap budgeting and the payment procedures to you.

If your TANF case is closed, child support payments will be sent to you up to the amount of the absent parent's current monthly obligation. Any child support amount paid over the current obligation will be kept by the state to repay past TANF grants received by you. Once the past TANF grants are repaid, you will be sent all child support paid by the absent parent.

If your TANF case is closed and then reopened, any child support back payments due you will be assigned to the State up to the amount of all TANF money you will have ever received. When the Unreimbursed Public Assistance (UPA) is repaid, then you will start receiving any back payments owed to you.

If you receive child support payments to which you are not entitled, you may have to repay the state. The state will notify you of the amount of the overpayment and the timeframe for repayment.

DCSS may review the DFCS good cause decision in your case. If you request a hearing about the decision, DCSS may participate in the hearing.

If you have a good cause for not helping, DCSS will not try to establish paternity or collect child support.

## Consent to Exchange Information

I understand that different state agencies provide different services and benefits. Each agency must have specific information to determine eligibility services and benefits. I understand that the Department of Human Services can disclose certain Information about me to other state agencies, including information in electronic databases, for the purpose of determining my eligibility for benefits/services provided by that agency. This disclosure will make it easier for agencies to work together efficiently to provide or coordinate services and benefits. Agencies include, but are not limited to, the Department of Public Health, the Department for the Aging, the Department of Rehabilitative Services and the Department of Vocational Rehabilitation."

The state statute that provides the legal basis for safeguarding the confidentiality of assistance- related information is the Official Code of Georgia Annotated 49-4-14. This statute restricts the use or disclosure of information concerning applicants for or recipients of public assistance to purposes directly connected to the administration of public assistance.

In addition, various Federal regulations specifically forbid the release of TANF Program information to unauthorized persons or agency representatives.

All case record material is confidential, including names and addresses of applicants and recipients (A/R), as well as the types and amounts of benefits provided.

Interviews should be conducted in a confidential setting.

Records, information and communication of the Division, including county Departments of Family and Children Services, that identify applicants for, or recipients of, cash assistance under the TANF program, are confidential and are not considered public records.

The disclosure of information concerning applicants and recipients is limited to purposes directly connected with the administration of the TANF Division, and to the administration of other federal assistance programs and federally assisted state programs which provide assistance on a means-tested basis to low-income individuals/families.

These programs include:

- Food Stamps
- Child Support
- IV-E Foster Care
- Adoption Assistance
- SSI
- Medicaid
- Office of Inspector General-Benefits Recovery Unit
- Human Services
- Social Security Administration
- IEVS, and,
- the General Office of the U.S.

The purpose of disclosing the client's information to other programs is establishing eligibility, determining the amount of benefits and providing services to the applicants and/or recipients. Information used solely for these purposes can be released without the consent of the applicant or recipient.

Childcare and Parent Services (CAPS) is a federally funded statewide program that assists families that meet program requirements to obtain and sustain self-sufficiency by subsidizing a portion of the cost of child care. The program is administered at the state level by staff at Bright from the Start: Georgia Department of Early Care and Learning (DECAL).

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

#### PEACHCARE FOR KIDS PRIVACY PROMISE TO YOU

We in the Georgia Department of Community Health (DCH) understand that health information about you and your family is private. We will protect your information. This notice tells you about your information privacy rights in the PeachCare for Kids program.

The privacy practices described in this notice will be effective August 29, 2003.

By law, PeachCare for Kids must use and disclose your child's medical information to provide information:  
To you or to someone who has the legal right to act for you or your child

- To the Secretary of the U.S. Department of Health and Human Services, if necessary
- Where required by law

#### YOUR MEDICAL INFORMATION RIGHTS

You have the following rights about your child's medical information: (Note: These rights may be limited by Georgia law or by court orders.)

- You have the right to see and have a copy of your child's health information held by PeachCare for Kids. Exceptions are psychotherapy notes and information that is needed for a legal action relating to DCH.
- You have the right to ask DCH to correct your child's medical information if you think that it is wrong. DCH may deny your request in some cases.
- You have the right to ask for a copy of disclosures that DCH has made of your child's medical information starting in April 2003. The list would not include disclosures to you or to your personal representative, or for payment for your child's health care, or for PeachCare for Kids administration.
- You have the right to ask for restrictions on some uses or disclosures of your child's health information. DCH is not required to meet your request.
- You have the right to ask for DCH to contact you about your child's health in a way or at a place that will help you keep your child's information private.
- You have the right to a paper copy of this notice. You may ask for another copy of this notice, or you may get a copy from DCH's Web site, [www.dch.ga.gov](http://www.dch.ga.gov).

## PRIVACY LAW'S REQUIREMENTS

DCH is required by law to:

- Maintain the privacy of your child's medical information
- Give you this notice of DCH's legal duties and privacy practices
- Follow the terms of this notice
- Not use or disclose your child's medical information without your written authorization, except for the reasons in this notice. You may take away your authorization in writing at any time, except for information that was already disclosed

DCH may change its privacy practices. We will provide a new notice to you if there is a material change in its privacy practices. We will post the new notice on the DCH Web site at [www.dch.ga.gov](http://www.dch.ga.gov).

## HOW DCH USES AND DISCLOSES HEALTH CARE INFORMATION

PeachCare for Kids contracts with other agencies and some private companies. We may disclose some or all of your child's information to the other agency or company so that they can do the job we have asked them to do. To protect your child's information, PeachCare for Kids requires the other agency or company to safeguard the information.

Below are ways that we may use and disclose your child's health information:

**For Payment:** We may use and disclose information about your child so that we can pay for the child's health care. When your child receives medical care, the child's health care provider sends a claim to PeachCare for Kids for payment. The claim includes information that identifies your child, as well as your child's diagnoses and treatments.

**For Medical Treatment:** We may use or disclose information about your child to ensure that she or he receives needed medical care. We may send you reminders of medical appointments.

**To Operate the PeachCare for Kids Program:** We may use or disclose information about your child to manage the PeachCare for Kids program and be sure that your child receives quality care. We may contract with a company that reviews health records to check on the quality of your child's care.

**To Keep You Informed:** We may mail information to you about your child's health. Examples are information about managing a disease and appointment reminders.

**For Overseeing Health Care Providers:** We may disclose information about you to the government agencies that license and inspect medical facilities, such as hospitals.

**As Required by Law:** We will disclose information about your child when required by law or by court order.

For more information or to report a privacy problem

If you have questions about your child's health or health care services, you should contact your child's health care provider (doctor, hospital, or others).

If you believe your child's privacy rights have been violated:

- You may file a complaint with PeachCare for Kids by calling the Member Inquiry Unit at 1-866- 211-0950
- You may file a complaint with the Health and Human Services Office for Civil Rights by writing to:

U.S. Department of Health & Human Services  
Office for Civil Rights, Region IV  
61 Forsyth Street SW, Suite 3B70  
Atlanta, GA 30303-8909

There will be no retaliation for filing a complaint.